VILLAGE OF NORTHFIELD

10455 Northfield Road • Northfield Village, OH 44067

APPLICATION FOR EMPLOYMENT

OFFICE USE Department: Date of Hire: Remarks:		Police JOHN Z	JES e Chief OLGUS Service Direct	SE J. N tor • Building /	FI JASOI	ire Ch		Op	rthfield Village is an Equal oportunity Employer
		ı	PERSON	IAL INFO	RMATIC) N			
NAME	LAST		FIF	RST			MIDDLE	E	SOCIAL SECURITY NUMBER
PRESENT ADDRESS									
		STREET					CITY		STATE and ZIP CODE
PERMANENT ADDRESS									
		STREET					CITY		STATE and ZIP CODE
TELEPHONE NUMBER (Include	e Area Code)	ПОМЕ					'MODK		CELLINAD
		HOME					WORK		CELLULAR
ARE YOU AGE 18 OR OLDER?	☐ YES	□NO		ARE YOU	J AGE 21 OR OLI	DER (If	f applicable	to position applied	for)?
POSITION			EMPLC	DYMENT	DESIREI	D			
ARE YOU EMPLOYED NOW?			☐ YES	Пио	<u> </u>				
IF SO, MAY WE INQUIRE OF Y	OUR PRESENT EMPLO	YER?	YES	□NO					
HAVE YOU EVER APPLIED TO	THE VILLAGE OF NOR	THFIELD BEFORE?	YES	□NO	If Yes,	WHEN	1?		
EDUCATION	NAM	AME and COMPLETE ADDRESS OF SCHOOL		DID YOU GRADUATE?	SUBJECTS STUDIES				
GRAMMAR SCHOOL *Required					1	. 2	3 4 7 8	Yes No	

☐ Trade | Charter School

GED (Gen. Ed. Diploma)

☐ College Preparatory

Yes

☐ No

Yes

☐ No

Yes

☐ No

9 10 11 12

VILLAGE OF NORTHFIELD • Form AFE 2004 • MCWorks / Revised 11/2011

HIGH SCHOOL

*Required

COLLEGE *Required

TRADE, BUSINESS,

CORRESPONDENCE, or POLICE ACADEMY

ATTENDED

PRESENT and/or PAST EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

DATE (Month and Year)		COMPLETE NAME, ADDRESS and TELEPHONE NUMBER of PRESENT and/or PAST EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
From	То				
From	То				
From	То				
From	То				

REFERENCES

THE NAMES AND INFORMATION OF THREE PERSONS <u>NOT</u> RELATED TO YOU AND WHOM YOU HAVE KNOWN <u>AT LEAST ONE YEAR</u> MUST BE INCLUDED WITH THIS APPLICATION AT THE TIME IT IS SUBMITTED.

NAME	ADDRESS and TELEPHONE NUMBER (Include Zip and Area Code)	BUSINESS / PROFESSION	YEARS ACQUAINTED
1.			
2.			
3.			

AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS

l,	, hereby authorize the Village of Northfield and its agents or employees to conduct a
back	ground check on me and authorize the release of pertinent information concerning me from any sources, including, but nor limited to, present and/or pas
emn	lovers.

The undersigned applicant, in granting this authorization, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the Village of Northfield and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Routine inquiries may include personal interviews with friends, family, neighbors, references, and present and/or past employers. Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on this <u>Application for Employment</u> are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures, which may include:

- 1. Interview
- 2. Urine Drug Screen / Medical Physical / Psychological
- 3. Polygraph Testing
- 4. Proof of Identity and Employment Eligibility for work in the United States
- 5. Education and Reference Checking
- 6. Other Testing Competitive Examination / Physical Fitness

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for the Village of Northfield.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Signature of Applicant:	Data of Applications	
Signature of Applicant:	 Date of Application:	